

**Application Data Sheet****Application Information**

Application Number::	NYA
Filing Date::	February 17, 2004
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD disks::	0
Number of copies of CDs::	0
Sequence submission?::	No
Title::	Systems and Methods for Processing Defaulted Loans
Attorney Docket Number::	AMO-001.01
Request for Early Publication?::	
Request for Non-Publication?::	
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Small Entity::	Yes
Licensed US Govt. Agency::	No
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.::	

**Applicant Information**

Applicant Authority type::	Inventor
Primary Citizenship Country::	U.S.
Status::	Full Capacity
Given Name::	Alex
Middle Name::	Z.
Family Name::	Shapiro

Name Suffix::  
City of Residence:: Natick  
State or Province of Residence:: Massachusetts  
Country of Residence:: U.S.  
Street of mailing address:: 8 Travis Road  
City of mailing address:: Natick  
State or Province of mailing address:: Massachusetts  
Country of mailing address:: U.S.  
Postal or Zip Code of mailing address:: 01760

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: U.S.  
Status:: Full Capacity  
Given Name:: Michele  
Middle Name:: Ann  
Family Name:: Holmes  
Name Suffix::  
City of Residence:: Plymouth  
State or Province of Residence:: Massachusetts  
Country of Residence:: U.S.  
Street of mailing address:: 34 Jacqueline Lane  
City of mailing address:: Plymouth  
State or Province of mailing address:: Massachusetts  
Country of mailing address:: U.S.  
Postal or Zip Code of mailing address:: 02360

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: U.S.  
Status:: Full Capacity

Given Name:: Robert  
 Middle Name:: G.  
 Family Name:: Goldberg  
 Name Suffix::  
 City of Residence:: Somerville  
 State or Province of Residence:: Massachusetts  
 Country of Residence:: U.S.  
 Street of mailing address:: 141 Hudson Street  
 City of mailing address:: Somerville  
 State or Province of mailing address:: Massachusetts  
 Country of mailing address:: U.S.  
 Postal or Zip Code of mailing address:: 02144

**Correspondence Information**

Correspondence Customer Number:: 25181

**Representative Information**

Representative Customer Number::	25181
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
<b>This application</b>	<b>Is an application claiming the benefit under 35 USC 119(e)</b>	<b>60/447,491</b>	<b>February 14, 2003</b>